

*Early Intervention*

*Medicaid In Public Schools*  
*(MIPS)*

*Procedures Manual*

*Prepared by:*  
*Nebraska Department of Education*  
*Department of Health & Human Services*

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# Introduction

The purpose of this manual is to provide a detailed explanation of the steps required for school districts to participate in the Nebraska Medicaid In Public Schools (MIPS) program.

This manual is divided into the following sections:

- Glossary of Terms

Definitions for terms and entities frequently referenced in this manual.

- I. What is MIPS?

Brief overview of the history and development of the MIPS program.

- II. Overview of Basic Steps for Processing a MIPS Claim

Summary of the steps involved in starting the MIPS program and the steps involved in processing MIPS claims.

- III. Detailed Explanation of Each Step of the MIPS Program

Detailed description of each step of the MIPS process presented in a question and answer format with references to the appendices.

- Appendices

Compilation of forms used in the MIPS program as well as detailed descriptions of specific aspects of the MIPS program.

Any request for clarification or assistance regarding this program should be directed to:

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# Glossary of Terms

The following is a list of terms frequently used in this manual. Although many of the terms have a broader definition, they are defined in the context of the MIPS program.

A CNP who participates in the Nebraska MIPS program must be a licensed Registered Nurse (RN) and must be certified by the Nebraska Department of Regulation & Licensure as a nurse practitioner.

## **Daily Record Sheet**

The daily record sheet is a form that a therapist uses to record the number of units of service delivered to a child during the month. The information on the daily record sheet is eventually summarized on a monthly claim form.

## **Department of Health and Human Services**

The Department of Health and Human Services (DHHS) is the State Medicaid Agency (SMA) in Nebraska responsible for processing Medicaid claims and accessing the Federal Medicaid program for funding of the MIPS program.

## **Direct Service Provider**

A Direct Service Provider is a therapist providing services to children. Also referred to as a Service Rendering Provider (SRP), this person may be a physical therapist, occupational therapist or speech/language therapist.

## **Early Intervention Program (EIP)**

## **Early Development Network (EDN)**

The EIP is designed to support infants and toddlers (birth to age 3) with disabilities and their families by providing services during the early stages of the child's development. For marketing reasons, Nebraska has chosen to rename their EIP and call it the Early Development Network (EDN). The emphasis of this program over the past few years has been to develop a coordinated system to accomplish this goal. This effort is primarily accomplished through case management and is referred to as services coordination. This program is supported by the "freed up" funds made available as a result of the MIPS program.

## **Educational Service Unit (ESU)**

ESU's are Statutorily authorized bodies acting in cooperation with NDE and local school districts to provide educational services identified and requested by member school districts.

## **Individual Education Program (IEP)**

An IEP is a written statement or plan for a child three years of age through twenty-one with a verified disability which specifies the special education and related services necessary to assure that child a free and appropriate public education. (See 92 NAC 51-007 for additional information and detail)

## **Individualized Family Service Plan (IFSP)**

An IFSP is a written statement or plan for an infant or toddler, birth to three (3) years of age with a verified disability. (See 92 NAC 51-007 for additional information and detail)

## **Level III Special Education Contractual Services**

Level III Special Education Contractual Services are those special education and related services provided in an educational setting not operated by the resident school district whose rates are approved by NDE. This shall mean special education and related services provided for a period of time exceeding an aggregate of three (3) hours per week.

## **Medicaid**

Medicaid is an entitlement program that allows for payment of medical services for those persons determined eligible. Known locally as the Nebraska Medical Assistance Program (NMAP), Medicaid is jointly administered (State and Federal) receiving it's Federal authority under Title XIX of the Social Security Act. The Department of Health and Human Services (DHHS) is the federally designated State Medicaid Agency (SMA) for Nebraska.

## **Medicaid In Public Schools (MIPS)**

MIPS is a program designed by the State of Nebraska to access Federal Medicaid funds to pay for a portion of physical, occupational and speech therapy service costs currently provided by the Nebraska Department of Education (NDE). These funds will then "free-up" State funds otherwise distributed to schools for special education costs but instead will be used to provide Early Intervention Services Coordination (EISC).

## **Medicaid Management Information System (MMIS)**

The MMIS is an integrated mainframe computerized claims processing and information retrieval system used by the Nebraska Department of Health and Human Services (DHHS) to help manage the Nebraska Medical Assistance Program (NMAP), also known as the Nebraska Medicaid Program.

## **Medicaid Provider Number**

A Medicaid Provider Number is an eleven (11) digit number assigned to school districts that allow Medicaid payments. The first nine (9) digits are the school district's Federal Tax Identification (FTID) number and the last two (2) identify the type of therapy (PT, OT or ST).

## **MIPS Coordinator**

The MIPS Coordinator is a person at the State level representing both NDE and DHHS who manages the MIPS program and coordinates activities between State and local agencies.

## **Monthly Claim Form**

The monthly claim form serves as the Medicaid billing form in the MIPS program. It is a form for summarizing total therapy units delivered to a student during the month. Forms are submitted monthly to DHHS for Medicaid reimbursement. (See Appendix F for samples of Monthly Claim Forms)

## **Multidisciplinary Evaluation Team (MDT)**

An MDT is a group of persons whose responsibility is to evaluate the abilities and needs of a child referred for evaluation and to determine whether or not the child meets the eligibility criteria of Special Education (92 NAC 51-006).

## **Nebraska Department of Education (NDE)**

NDE is the Nebraska agency responsible for collecting special education information and for providing school districts with information regarding Medicaid eligible students receiving physical, occupational and speech therapies.

**Occupational Therapy (OT)**

OT is occupational therapy services provided by a named provider in Nebraska by school districts, ESU's or cooperatives.

**Physical Therapy (PT)**

PT is physical therapy services provided by a named provider in Nebraska by school districts, ESU's or cooperatives.

**Primary Care Physician (PCP)**

A PCP is a professional who delivers services that are primary in nature as opposed to specialized. Examples of primary care physicians include: general practitioners; family practitioners; pediatricians; and internal medicine practitioners.

**Provider**

In the Nebraska MIPS program, a provider is the school district and may also be referred to as the Pay-To-Provider. Even though the school district may not employ the individual(s) providing the service(s), they are still the "provider" in this program because they are responsible for the provision of services.

**Referring Physician or Practitioner**

A Referring Physician or Practitioner is a physician, physician's assistant (PA) or nurse practitioner (NP) who is referring the child for therapy. If a physician's assistant or nurse practitioner provides the referral, the name of their supervising physician should be written on the physician referral form.

**Services Coordination**

See Early Intervention Program

**Special Education (SpEd)**

SpEd refers to the special education programs in public schools of Nebraska which provide specially designed instruction, at no cost to the parent, to meet the unique needs of children with verified disabilities.

## **Nebraska Student and Staff Record System (NSSRS)**

NSSRS is the data system that collects specific pieces of information on each child with a disability, verified according to NDE's Title 92 NAC Chapter 51 (Rule 51), who is receiving special education services according to an Individual Education Program (IEP) or an Individual Family Service Plan (IFSP). The information on this system is matched with the eligibility information of MMIS to determine students eligible for MIPS.

## **Speech Therapy (ST)**

ST is speech and language therapy services provided by a named provider in Nebraska by school districts, ESU's or cooperatives.

## **Unit of Service**

A unit of service is equal to thirty (30) minutes of physical therapy, occupational therapy or speech therapy.

# I. What is MIPS?

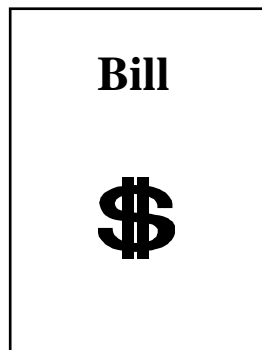
## Background

The acronym MIPS stands for Medicaid In Public Schools. The concept of MIPS is to access Federal Medicaid funds to pay for a portion of special education services currently delivered by public schools to children from birth to age 21.

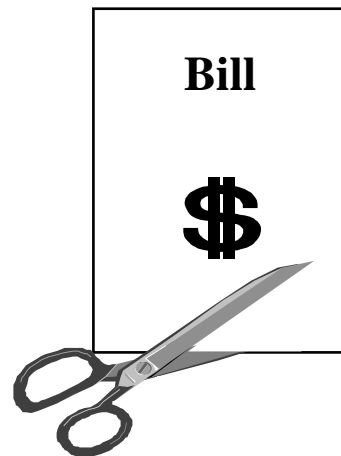
The Federal Medicaid funds that MIPS generates will “free up” State special education funds to be redirected to pay for Early Intervention Services Coordination (EISC) for children with disabilities, birth to age three (3) and their families.

Without MIPS, Federal and State education funds and local funds would have to be used to pay for the *full* cost of special education services. With MIPS, Medicaid reimburses the State for a portion of special education services currently provided (i.e., Medicaid “cuts” a portion of the total special education budget and therefore “frees up” funds to be utilized for Early Intervention Services Coordination). Under the MIPS program, **school districts do NOT receive LESS funding** than they otherwise would, they just receive the funds from a different source.

### Without MIPS



### With MIPS



**With MIPS, Medicaid pays for part of the cost of providing special education services.**

In Nebraska, the MIPS program can access Federal Medicaid funds for the following services:

- Speech Therapy (ST);
- Occupational Therapy (OT); and
- Physical Therapy (PT).

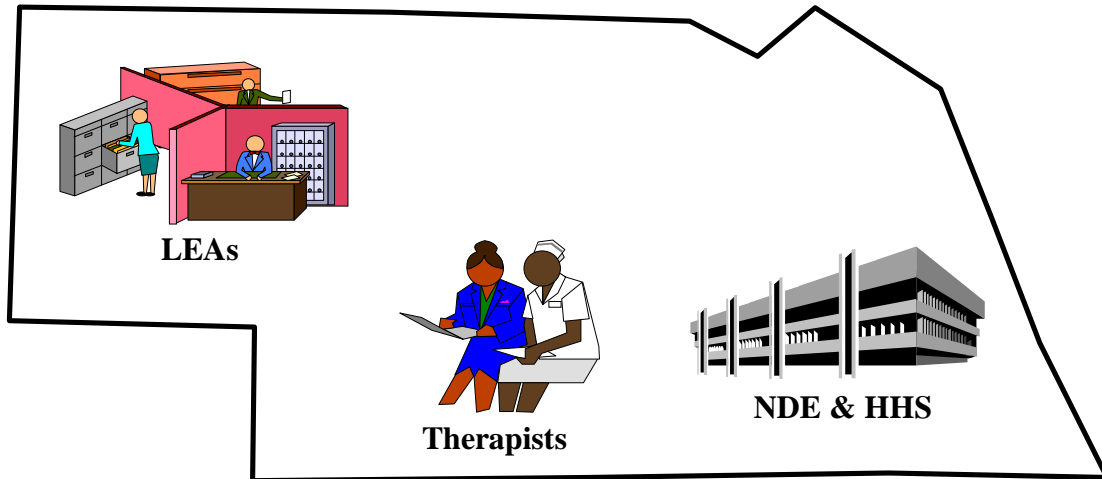


For a more detailed description of the history of the MIPS program, refer to Appendix A, “History of the Nebraska MIPS Program”.

## MIPS Participants

The State agencies participating in the MIPS program are the Nebraska Department of Education (NDE) and the Nebraska Department of Health and Human Services (DHHS). These State agencies coordinate MIPS activities with school districts, ESU’s and cooperatives. The graphic below and text that follows briefly describe the participants and their respective roles.

### Players on the “Nebraska MIPS Team”



Player	Position (Role)
NDE	<ul style="list-style-type: none"><li>• Assists in coordination of MIPS program development, implementation and ongoing operation;</li><li>• Notifies school districts, ESU’s and cooperatives of Medicaid eligible children; and</li><li>• Continues to reimburse school districts according to Rule 51 for service costs (non-Federal Medicaid funded) in accordance with State Statute.</li></ul>

- DHHS
- Assists in coordination of MIPS program development, implementation and ongoing operation;
  - Processes MIPS claims (monthly claim forms); and
  - Sends Federal Medicaid reimbursements to school districts, ESU's, and cooperatives.

School Districts/ESU's/Cooperatives

- Assist in the coordination of MIPS program development, implementation and ongoing operation;
- Summarize services on monthly claim forms; and
- Submit monthly claim forms to DHHS.

- Therapists
- Participate in MIPS program implementation and ongoing operation;
  - Record services as they are delivered; and
  - Submit daily record sheets to school districts/ESU's/cooperatives.

## II. Overview of Basic Steps for Processing a MIPS Claim

The process for submitting and receiving a MIPS claim includes seven basic steps:



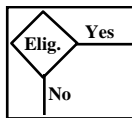
### **Step 1      Establishing a MIPS Contact**

This section describes how to designate someone as the MIPS contact.



### **Step 2      Enrolling a Service Provider**

This section describes who is qualified to provide ST, OT and PT services and how to complete provider enrollment forms.



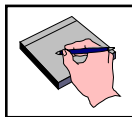
### **Step 3      Determining MIPS Eligibility**

This section describes how school districts/ESU's/cooperatives will be notified of the children in their area who are eligible for MIPS.



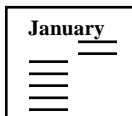
### **Step 4      Obtaining a Physician Referral**

This section describes how to obtain a physician referral that ensures the appropriateness of the service(s) provided. The referral can be provided by a licensed physician, physician's assistant or licensed and certified nurse practitioner.



### **Step 5      Recording for Daily Services Provided**

This section describes how therapists should record services as they occur on a daily record sheet.



### **Step 6      Completing and Submitting a Monthly Claim Form**

This section describes how to summarize the therapist's daily record sheets onto a monthly claim form and how to submit the claim form to HHS for Medicaid reimbursement.



### **Step 7      Receipt of Funds and Adjustments to Final Financials**

This section describes how Medicaid funds are received by school districts/ESU's/cooperatives and how to make appropriate adjustments to school budgets and final financial reports.

A detailed explanation of each step is provided in the following section.

### III. Detailed Explanation of Each Step



#### **Step 1 - Establishing a MIPS Contact**

The reason for establishing a MIPS contact is to have a person in each school district/ESU/cooperative designated to receive and direct information to the appropriate parties (NDE, DHHS, school districts/ESU's/cooperatives, therapists). Establishing a MIPS contact should be done at the beginning of each school year and whenever the current contact needs to be replaced.

##### ***What is a MIPS contact?***

A MIPS contact is someone who will serve as the single point of contact for the school district/ESU/cooperative with respect to the MIPS program. The person should be someone who is able to answer questions on a specific student's MIPS Claim Forms and who will receive all mailings regarding MIPS for the year.

##### ***Why must a MIPS contact be identified?***

A MIPS contact must be identified so the State will know who to contact in each school district/ESU/cooperative with specific information regarding the MIPS program.

Every school district must have a contact regardless of enrollment or number of special education children. However, this person can be located at the school district, ESU or cooperative. If the contact is at the ESU or cooperative, there may be one contact for several school districts.

##### ***What is the procedure for establishing a MIPS contact?***

A MIPS contact may be designated by emailing the statewide MIPS Coordinator located at DHHS. At the beginning of each school year, each school district will be asked to identify and/or confirm the MIPS contact for that school year as well as other information needed.

### ***What are the responsibilities of the MIPS contact?***

The primary responsibility of the MIPS contact is to serve as a liaison between the school district/ESU/cooperative and therapists, NDE and HHS. Activities of the MIPS contact include:

- Distributing a monthly list of Medicaid eligible children from NDE to therapists;
- Receiving phone calls about individual student's claims;
- Receiving and distributing information about MIPS updates;
- Making sure monthly claim forms are completed and submitted to HHS;
- Completing provider enrollment packets when adding/deleting/updating therapists; and
- Distributing and implementing all Medicaid Policy changes impacting MIPS as appropriate.

### ***How much time is required?***

The time commitment is dependant upon several factors and will fluctuate from month to month. It could take the MIPS contact up to a week each month to complete all the required responsibilities.



## **Step 2 – Enrolling a Service Provider**

Enrolling a MIPS service provider requires completion of 4 forms: (failure to complete all 4 forms will result in Provider Enrollment asking for more information)

1. MC-19: A service provider agreement identifies the school district, the direct service provider (e.g., therapists) and the party to be reimbursed. The “Service Provider Agreement”, DHHS form MC-19 must be completed by each school district in Nebraska.
2. MLTC-62: The ownership/controlling interest and conviction disclosure form identifies all controlling interests or previous Medicaid convictions. The MLTC-62 is required when enrolling a provider.
3. ACH: The ACH identifies the districts banking information for payment purposes. The ACH is always required when enrolling a new provider. Simply note, ‘No Changes’ on the top of this form when filling it out. There is no need to do anything further unless your district has changed its banking information.
4. W-9: The W-9 identifies the Tax Identification Number. The W-9 is required for each provider enrollment. It is recommended to keep photocopies of the W-9 and submit a copy when enrolling a provider to save time.

### ***What is a provider?***

In the Nebraska MIPS program, a provider (also known as the “Pay-To-Provider”) is the school district. Even though the school district may not employ the individual(s) providing the service, they are still considered the “provider” in this program.

### ***What is a direct service provider?***

A “provider” (e.g., school district), for purposes of the MIPS program, is separate from a “direct service provider”. A direct service provider is the actual therapist who conducts face-to-face therapy with a child. This person may either be employed or contracted by a school district, ESU or cooperative.

### ***Who qualifies as a direct service provider and whose name should be listed on the service provider agreement?***

The following pages describe the qualifications for direct service providers and who should be listed on the provider agreement.

- Speech pathologists, speech technicians or speech pathology paraprofessionals may provide speech services in the Nebraska MIPS program. The necessary qualifications and listing of whose name is required on the provider agreement are listed below.

## Speech Therapy

Who	Qualifications	Name on Provider Agreement
Speech Pathologist; or	<ol style="list-style-type: none"> <li>1. Licensed by the Nebraska Department of Regulation and Licensure; or</li> <li>2. Granted a Certificate of Clinical Competency (CCC) from the American Speech, Language and Hearing Association; or</li> <li>3. Meets the equivalent educational and work experience requirements needed for a CCC; or</li> <li>4. Completed the academic program requirements and is acquiring the supervised work experience needed for a CCC; or</li> <li>5. Certified by NDE <i>and</i> working under the <u>direction</u> of a speech pathologist meeting any one of the four qualifications above.**</li> </ol>	Speech Pathologist*
Speech/Language Technician; or	Certified by NDE as a speech/language technician, <i>and</i> working under the <u>supervision</u> of a speech pathologist meeting any one of the above qualifications through the participation of a speech pathologist in the development of the individual child's MDT and IEP.	Supervising Speech Pathologist
Speech Pathology Paraprofessional	Under the <u>supervision</u> of a speech pathologist meeting any one of the above qualifications (no other specific qualifications apply).	Supervising Speech Pathologist

\* The speech pathologist who meets any of the five qualifications listed in the "Qualifications" column should be listed on the provider agreement.

\*\* "Under the direction of a speech pathologist" means that a speech/language pathologist, meeting any one of qualifications 1 through 4 listed on the previous page, has actively

participated in the development of the school district's procedures for screening, diagnosis, or corrective services for eligible students with a speech/language impairment through the SAT, MDT or IEP.

- An occupational therapist, an occupational therapist assistant or an occupational therapy paraprofessional may provide occupational therapy services in the Nebraska MIPS program. The necessary qualifications and listing of whose name is required on the provider agreement are listed below:

### **Occupational Therapy**

Who	Qualifications	Name on Provider Agreement
Occupational Therapist; or	Licensed by the Nebraska Department of Health and Human Services.	Occupational Therapist
Occupational Therapist Assistant; or	Licensed by the Nebraska Department of Health and Human Services; and  Under the <u>direction</u> of a licensed occupational therapist.	Occupational Therapist Assistant
Occupational Therapy Paraprofessional	Under the <u>direction</u> of a licensed occupational therapist (no other specific qualifications apply).	Supervising Occupational Therapist

- A physical therapist, a physical therapist assistant or a physical therapy paraprofessional may provide physical therapy services in the Nebraska MIPS program. The necessary qualifications and listing of whose name is required on the provider agreement are listed below:



## Physical Therapy

Who	Qualifications	Name on Provider Agreement
Physical Therapist; or	Licensed by the Nebraska Department of Health and Human Services;	Physical Therapist
Physical Therapist Assistant; or	Licensed by the Nebraska Department of Health and Human Services.; and  Under the <u>direction</u> of a licensed physical therapist.	Physical Therapist Assistant
Physical Therapy Paraprofessional	Under the <u>direction</u> of a licensed physical therapist (no other specific qualifications apply).	Supervising Physical Therapist

***How do I fill out the service provider agreement?***

Please reference the attached documents. These will assist in filling out provider enrollment packets.

***Should a service provider agreement still be completed if there are no Medicaid eligible students in a school district?***

Yes, the law requires that all districts participate.

***If there are no Medicaid eligible students in a school district, who should be listed as a provider?***

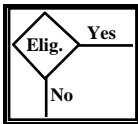
The easiest approach is to list all therapists providing OT, PT and ST services regardless of whether or not they are serving Medicaid eligible students. In this way, if they do begin providing services to Medicaid eligible students, changes to the provider agreement will not be required. This procedure is suggested but not required since the school district could choose to list no providers.

***How often must the agreement be updated?***

The service provider agreement will need to be completed at least every 5 years for each provider due to new ACA regulations. However, if there are more recent changes in current provider information or changes in direct service providers (therapists), the following actions need to be taken:

- If there are changes in provider information only, complete the front (Page 1 of 2) of the provider agreement and mail it to DHHS.
- If there are changes in direct service providers only, complete the front (Page 1 of 2) of the provider agreement and complete the Back (Page 2 of 2) with the appropriate information ONLY for the new direct service provider(s). Mail it to DHHS. It is not necessary to fill in the direct service provider information for therapists already listed on a previous agreement.
- If there are changes in provider information and direct services providers, then complete the front side of the provider agreement and complete the back side with the appropriate information ONLY for the new direct service provider and mail it to DHHS. It is not necessary to fill in the direct service provider information for therapists already listed on a previous agreement.
- If a monthly claim form is received with a therapist listed who has not been added to the agreement, the claim will be returned and no reimbursement will be made until the therapist is added to the provider agreement. Once this is done, the monthly claim form can be resubmitted.

- If a service provider needs to be removed from the provider agreement, DHHS must be notified of the change in writing. Any change(s) should be signed and dated and sent to Client Payments & Claims Processing in the Department of Health & Human Services. Changes must be in writing because they are considered to be an amendment to the provider agreement. A letter or copy of the provider agreement with an explanation of the change will be sufficient to remove a provider from the agreement.



### **Step 3 - Determining MIPS Eligibility**

The MIPS billing process is intended for children who are eligible for Medicaid and who are verified for special education under Title 92, Chapter 51 and Chapter 52 of Nebraska's Administrative Code (Regulations and Standards for Special Education Programs) and are receiving one (1) or more of the three (3) therapies (ST, OT, PT) according to an IEP or IFSP. School Districts will be notified of those eligible under the MIPS program. However, there are several issues with respect to eligibility that will be helpful to understand.

#### ***Who is eligible under MIPS?***

Children, birth to age 21 who are currently Medicaid eligible and receive speech, physical and/or occupational therapy through a school district/ESU/cooperative are eligible for MIPS. The services need to:

- Have been referred by a licensed physician, physician assistant or licensed and certified nurse practitioner; and
- Have been recommended in an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP).

#### ***Why must Medicaid eligibility be determined?***

Medicaid eligibility must be determined because Medicaid will only reimburse for services provided to Medicaid eligible children. Since the goal of this program is to access Federal Medicaid funds, only children who are Medicaid eligible can be part of the program.

#### ***How will the school district/ESU/cooperative know who is Medicaid eligible?***

Each month NDE and DHHS will perform a match of the Medicaid eligibility file with the NSSRS file to determine each district's list of children eligible for MIPS billing. Since NSSRS is being used to determine the eligible children by district, the monthly listing will be

as complete and accurate NSSRS files at the time of the match. Each month each school district or designated contact will receive the following:

- A list of each eligible student's name and Medicaid ID number for the upcoming month. An example of the Medicaid eligible listing is as follows:

<b>Co-Dist #</b>	<b>New</b>	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>DOB</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
12-0000		Student	John	J	1/1/04	X		
12-0000		Student	Mary	M	1/1/13		X	
12-0000		Student	Raphael	R	1/1/08			
12-0000	*	Student	Isabel	I	1/1/07			X

All special education students with a Medicaid ID number who are also contained in the NSSRS file will be included in this listing. The following items provide an explanation of the contents of this list.

- Students who receive PT, ST and/or OT will have an "X" under the appropriate therapy column. Preprinted monthly claim forms will be included for students who have an "X" in one of the three therapy columns (John, Mary and Isabel in the example).
- Students who do not have an "X" in the PT, OT or ST columns are Medicaid eligible and included in the NSSRS files for the school district but are not currently listed as receiving PT, OT or ST (Raphael in the example). These students are listed on the report in case NSSRS is not fully up to date at the time of the match. Review the students listed to verify that they are not receiving PT, OT or ST services. Blank forms should be used for those students who appear on the list but do not have an "X" in the applicable column (Please call the MIPS Coordinator if you need blank claim forms). Be sure to use the blank claim form that applies to the therapy service provided. These procedures will allow the school districts to maximize their billing potential.
- Students who have been added to the list since the prior month will have an asterisk (\*) by their name (Isabel in the example).
- You will also receive a listing of those students who are no longer eligible (Exit Report). This indicates that there is no longer a need to record units of service for these students.

### ***What if I'm not sure if a child is Medicaid eligible?***

If you are not sure of a child's Medicaid eligibility status and think they may be eligible, contact the DHHS office to inquire regarding the child's eligibility and their Medicaid ID number. All claims sent to DHHS without a Medicaid eligibility I.D. number will be rejected.

If you have a child's Medicaid eligibility I.D. number, proceed to bill for services.

It is important to know that Medicaid eligibility can change from month to month so do not expect your list of eligible children to be the same each month.



## **Step 4 - Obtaining a Physician Referral**

If a physician is not involved in the MDT process, a physician will need to review the child's therapy assessment to determine the need and adequacy of therapy services. This review is a one-time process for each type of therapy (i.e. ST, OT and PT) required by Federal Medicaid regulations before reimbursement for therapy services can begin.

### ***What is a physician referral?***

A physician referral involves the review of a child and his/her file by a licensed physician, physician's assistant or licensed and certified nurse practitioner in order to determine the appropriateness of the service.

### ***Why must a physician referral be obtained?***

Federal Medicaid regulations require that a physician referral be obtained to ensure that the services provided to a child are necessary and adequate. The referral should be kept with the child's file at the district level.

### ***When do I need to obtain a referral?***

If a physician is involved in the MDT process and his/her involvement is so documented, no additional paperwork is required (e.g., a specific referral form is not required). However, if a physician was not part of the MDT process, a referral will need to be obtained regardless of the service type (OT, PT or ST).

This process involves every Medicaid eligible student at the start of the MIPS program and then only those newly eligible.

### ***Will it ever be necessary to get a second physician referral once the first one is made?***

There are only a few circumstances that would require a second referral. Examples would include the physician's death, retirement or loss of license. However, a new physician referral does not have to be obtained just because the physician leaves the school district but still has an active license to practice.

### ***Who can provide a referral?***

A licensed physician, physician's assistant or licensed and certified nurse practitioner can provide a referral. The options for obtaining a referral consist of either:

1. Student's physician makes a Medicaid referral.

This involves the student's primary care physician, physician's assistant or nurse practitioner submitting a signed referral for therapy based on information contained in the student's existing health record or based upon review of written information submitted to the professional by school personnel.

OR

2. School district/ESU/cooperative contracting with a physician, physician's assistant or nurse practitioner to review therapy evaluations and make Medicaid referrals.

This involves the physician, physician's assistant or nurse practitioner reviewing the written therapy evaluation(s), determining that the written material warrants a referral for therapy services under Medicaid and providing a written Medicaid referral.

*(Note: If a physician's assistant or nurse practitioner provides the referral, he/she must record (on the referral form) the license number of the physician under whose direction they are working.*

### ***How can a school district/ESU/cooperative facilitate obtaining a physician referral?***

After a licensed physician, physician's assistant or licensed and certified nurse practitioner has been identified, he/she should be contacted by the school district/ESU/cooperative about the possibility of providing referral services. An example of a referral contract can be found later in this document, "Example of Physician/Physician Assistant/Nurse Practitioner Referral Form", can be used by the physician, physician's assistant or nurse practitioner to document the referral. This specific form may be used but is not required as long as the referral is documented.

### ***Can an out-of-state physician provide a referral?***

Yes, an out-of-state physician can provide a referral. If you cannot get the referring physician's license number, please indicate the State in which he/she is licensed on the physician referral form and DHHS will locate the license number and enter it with the claim record.

***What should be done with a child's physician referral after it has been completed?***

A child's physician referral should be placed in the child's file, it should *not* be sent in to NDE or DHHS. If the "referral" occurs through a physician's participation in the MDT process, a referral form is not required, however, the physician's participation in the MDT process should be documented (e.g., through minutes).

***How are the physician, physician's assistant or nurse practitioner reimbursed for their referrals?***

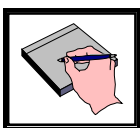
It is up to each school district/ESU/cooperative to determine how they want to reimburse for referrals.

***How is the school district/ESU/cooperative reimbursed for referrals?***

Reimbursement for referrals is built into the billing rate.

***What is the physician, physician's assistant or nurse practitioner looking for in a child's file that will determine a need for therapy services?***

The student's Multidisciplinary Team (MDT) report and Individual Education Program (IEP) or Individual Family Service Plan (IFSP) should provide the physician, physician's assistant or nurse practitioner with the necessary information for making a referral. The MDT report should provide information regarding the child's disability and the IEP or IFSP should provide information regarding the therapy(ies) necessary to meet the child's needs.



## Step 5 - Recording for Daily Services Provided

The therapist must record the amount of time spent with each child in each therapy session.

### ***Why must services be recorded daily?***

Therapy services must be recorded daily so that a detailed history of services provided will be documented. From this record, a monthly billing statement can be compiled and submitted to DHHS for Federal Medicaid reimbursement.

### ***Who records services provided?***

The therapist should record service information on a daily record sheet. The therapist may use notes they are currently using or may create their own form for recording services. Regardless of the form that is used, it is important that a record of each service encounter is recorded in a readable manner so that the information can be accurately transferred to a monthly claim form and for auditing purposes.

Records of services provided must be kept on file for six (6) years.

### ***What type of services should be recorded and how should they be recorded?***

- Individual      When services are provided in a one-on-one setting, one unit is recorded for each 30 minute segment of face-to-face time spent with the child. Round up any partial units to the next full unit (e.g., round 20 minutes up to one (1) full unit).
- Group      When services are provided to several children at once, treat the recording of units as if individual therapy is being provided – recording one (1) unit for each 30 minute segment of group time spent with each child (e.g., if there are four (4) children in a group for a 30 minute segment, record one (1) full unit for each child, four (4) units in all). Round up any partial units to the next full unit. *Each therapy rate has been developed with a factor for group therapy so that this recording method can be used.*
- Consultative      When time is spent with teachers or parents discussing a particular child, do not record units for the purpose of billing under the MIPS program.



***Is it necessary to indicate whether the service was provided by a professional or a paraprofessional?***

Yes, it is necessary to indicate whether services were provided by a professional or a paraprofessional. There is a place on the daily record sheet to indicate whether a professional or a paraprofessional has provided service.



## **Step 6 - Completing and Submitting a Monthly Claim Form**

A monthly claim form (which serves as the Medicaid Billing Form) for each child will be provided by NDE to each MIPS contact for recording the total amount of therapy services that were provided to each eligible child during the month by both professionals and paraprofessionals. Once the monthly claim forms are completed, they will be used by DHHS to process Federal Medicaid reimbursements.

***What is a monthly claim form and how does it differ from a daily record sheet?***

A monthly claim form is a summary of the individual units of therapy provided to a specific child during a month. It is different than the daily record sheet because the daily record sheet documents services provided on a day-to-day basis.

***Why must monthly claim forms be completed and submitted?***

Monthly claim forms must be completed and submitted to DHHS for processing in the Medicaid system in order for the school district to receive Federal Medicaid reimbursement.

***How often must forms be mailed to DHHS?***

Monthly claim forms should be mailed to DHHS as soon as they are completed by the school district/ESU/cooperative to ensure prompt reimbursement. The address for DHHS is preprinted on the monthly claim form and is listed below for reference:

NE Department of Health & Human Services  
MLTC – Screening Unit  
P.O. Box 95026  
Lincoln, NE 68509-5026

Please do not return blank (e.g., zero minutes recorded) claim forms.

***Is there a confidentiality problem with submitting student information to DHHS?***

Based on correspondence from the U.S. Department of Education, it was confirmed that parental consent is *not* necessary before releasing to DHHS, a monthly claim form with a Medicaid eligible child's name on it. Federal Education Right to Privacy Act (FERPA) regulations are satisfied through the Medicaid application process.

***How is a monthly claim form filled out?***

Please reference attachment titled, **“Nebraska Medicaid Billing Instructions.”**

***Who should fill out the monthly claim form?***

It is up to each school district/ESU/cooperative to determine who will fill out the monthly claim forms. Someone who is accountable for the accuracy of the data on the form should be assigned this task. It may be an administrator, support staff, or the MIPS contact.

***What are the billing rates and how are they determined?***

The determination of billing rates is constantly under review. These rates are developed in accordance with Nebraska's State Medicaid Plan reviewed and approved by Federal Medicaid representatives.



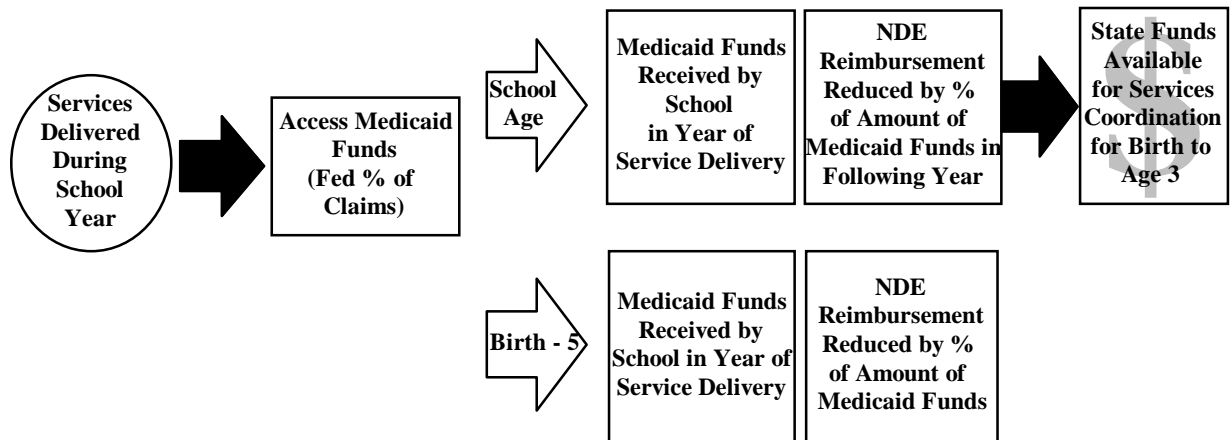
## Step 7 - Receipt of Funds and Adjustments to Final Financials

MIPS provides a direct monetary benefit to the State of Nebraska and the school districts. MIPS accesses Federal Medicaid funds that are used to pay for a portion of services that would have otherwise been paid out of the State General Fund. The funds that are “freed up” as a result of MIPS are utilized for Early Intervention Services Coordination.

### *How does the reimbursement process work?*

At the end of each month, each school district/ESU/cooperative sends their completed monthly claim forms to HHS for processing. Payments are made as the claims are processed. Claims with correct and complete information are processed first. Incorrect claims are reviewed and if necessary, returned for correction.

### *How does MIPS impact the flow of funds?*



- During the school year, services are delivered to Medicaid eligible students.
- Medicaid is a dually (Federal and State/Local) funded medical assistance program. States access Federal Medicaid funds to pay for a portion of specific services delivered to Medicaid eligible children. The balance of all MIPS claims is paid through the ongoing Special Education reimbursement system (i.e. State Legislature appropriation and local district levies).
- For services provided to school age children:
  - Federal Medicaid reimbursements are received by school districts/ESU's/cooperatives as soon as claims are received, processed and adjudicated by DHHS. Payments for adjudicated claims are processed and issued weekly.

- The typical NDE reimbursement to school districts in the following year is reduced by a percentage (currently 88.46%) of the amount of Federal Medicaid reimbursement received by the school districts/ESU's/cooperatives during the current year.
- This “frees up” State funds for Early Intervention Services Coordination provided children with disabilities, birth to age three (3) and their families.
- For services provided to children, birth to age five:
  - Federal Medicaid reimbursements will be received by school districts/ESU's/cooperatives.
  - The typical NDE reimbursement to the school districts will be reduced by a percentage of the amount of Federal Medicaid reimbursement received by the school districts/ESU's/cooperatives.

***What is the bottom line impact of MIPS to school districts and the State?***

The bottom line impact of the MIPS program is that it “frees up” a significant amount of funds for the State to use for services coordination in the Early Intervention Program. School districts also benefit in this process by receiving Medicaid funds that include reimbursement for NDE non-allowable expenses (i.e., they receive more than they typically would through the Special Education reimbursement process).

***What impact does MIPS have on the school districts’ Special Education Plan/Budget and Final Financial Report?***

Since school districts receive current year Federal Medicaid payments for eligible students receiving designated therapies, school district special education reimbursements are reduced by the NDE Financial Services Section in the appropriate special education reimbursement year. The amount of special education reimbursement reduced equals the amount the district would have received under the special education reimbursement formula outlined in 92 NAC 51. School districts continue to complete Special Education Plans/Budgets and Final Financial Reports in the same manner. **All calculations regarding MIPS will be completed by the NDE Financial Services Section.**

Funds received by school districts under the MIPS program do not have an additional impact on State aid.

***Example of Physician/Physician Assistant/Nurse  
Practitioner Referral Form***

**Medicaid In Public Schools**

**PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER  
REFERRAL FORM**

To Physician/Physician Assistant/Nurse Practitioner:

In order for the local school system to receive reimbursement from the Nebraska Medicaid program for school provided therapy services, a physician, physician assistant or nurse practitioner referral is required. Please complete this form and return it to the school district listed below.

Child

Name \_\_\_\_\_  
Last First MI

Based on:

- ☐ Review of evaluation(s)
- ☐ Evaluation

I am referring this child for \_\_\_\_\_ therapy services.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's License Number

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

School District/Address:

## ***Commonly Asked Questions and Answers***

### ***Is it possible to have a centralized physician referral system?***

The option of having a centralized referral system (at HHS or DOH) was researched. This option was discussed at length and was determined to be too cumbersome for school districts to facilitate given that individual student records would need to be copied and sent in to the central location for review.

### ***Does MIPS eligibility change daily?***

Eligibility can and does change daily based on individual circumstances. However, in order to simplify the billing process, eligibility updates are sent to the MIPS contact monthly. This will be sufficient for a majority of the cases. If a child's eligibility status changes from eligible to ineligible, MMIS will reject the claim when it is submitted for adjudication.

### ***Why is it that some students who are Medicaid eligible are not included in the MIPS program?***

Medicaid requires billing of other "third" parties (e.g., private insurance) prior to billing Medicaid so that Medicaid is the "payer of last resort". As a result, for typical Medicaid claims, HHS facilitates billing of other parties prior to Medicaid. However, when these Medicaid billable services are being provided by the school system, there is a potential conflict with the education mandate to provide all students with a "free and appropriate public education" (FAPE). This conflict arises because it is possible that the service, if billed to Medicaid, may not be considered free if the parents' insurance is billed. For example, the billing may result in reaching the lifetime cap and therefore may require payment on behalf of the parents.

As a result of this potential conflict, any Medicaid eligible student who has associated third party payers will be dropped during MIPS claims processing by MMIS. In this way, there is no risk of violating the FAPE requirement.

Most of these cases will have already been eliminated by not including them on the list of eligible students for the school district in the applicable month.

### ***How can ESU's be reimbursed for the administrative costs they incur for the MIPS program?***

The therapy rates include an indirect cost calculation for administrative expenditures associated with MIPS. Since the MIPS check will be issued to school districts, ESU's and school districts will need to make arrangements for covering the administrative costs of the ESU. NDE can provide ESU's, cooperatives and school districts with information that will assist with calculating administrative costs for ESU's.

***What if I cannot get a physician, physician's assistant or nurse practitioner to conduct referrals prior to when I should begin billing?***

If you cannot find someone qualified to provide referrals before billing begins, do the following:

- Record services as they occur and complete a monthly claim form,
- Hold the monthly claim form until you get the physician referral(s), then
- Submit the monthly claim form(s) to HHS for processing.

***What types of services should be billed in the MIPS program?***

PT, OT and ST services (including assessments) provided for in the child's IEP or IFSP should be billed to the MIPS program. This includes services provided by a qualified paraprofessional such as adaptive physical education and augmentative communication. It does not presently cover professionals or paraprofessionals who are funded with regular education dollars. As stated earlier in this manual, the two factors that determine whether to bill or not are:

- Is the service outlined in the child's IEP or IFSP?
- Is the service being delivered by a qualified individual?

***What regulations govern the MIPS program?***

DHHS, Division of Medicaid and Long-term Care, governs the Medicaid in Public Schools program. The regulations can be accessed at: [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-25.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-471/Chapter-25.pdf)

***Additional Resources:***

DHHS MIPS website: [http://dhhs.ne.gov/medicaid/Pages/med\\_phmips.aspx](http://dhhs.ne.gov/medicaid/Pages/med_phmips.aspx)

National Plan & Provider Enumeration System:  
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

DHHS Provider Enrollment:  
[http://dhhs.ne.gov/medicaid/Pages/med\\_providerenrollment.aspx](http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx)